<b>Application</b>	or Docket	Number
, abication	OI DOCKEL	number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN													
	(Column 1) (Column 2)							TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		37					RATE	FEE	7	RATE	FEE	7	
FOR		NUMBER FILED		NUM	BER EXTRA		BASIC FE	E 385.00	OR	BASIC FEE	770.00		
TO	OTAL CHARGE	93 minus 20=		*	[7		X\$ 9=		OR	X\$18=	524		
INDEPENDENT CLAIMS			minus 3 =		* (	{		X43=		OR	X86=	344	7
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	+290=	(		
* If the difference in column 1 is less than zero, enter "0" in					"0" in	column 2		TOTAL		OR	TOTAL	Ÿ.	1
	CLAIMS AS AMENDED - PART II							OTHER THAN					1
		(Column 1)	<del>1                                    </del>	(Colum		(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		ı
AME	Independent	* ENTATION OF MI	Minus	***	CL 0134	=	T	X43=		OR	X86=		1
_	1- 7	19 2		<u> </u>	CLAIM		' [	+145=		OR	+290=		
	3ン						L	TOTAL DDIT. FEE		OR	TOTAL		1
	<u>.                                    </u>	(Column 1)		(Colum	ın 2)	(Column 3)		DDN. FEE		, ,	ADDII. PEEI	` . :	1
ENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOUS PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=	П	X\$ 9=	:	OR	X\$18=		
4ME	Independent	*	Minus	***		= .	1 t	X43=	,	OR	X86=:	in the second	İ
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		<b> </b>	+145=		OR	+290=	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
							. <b>L</b>	TOTAL DDIT. FEE		OR ,	TOTAL VDDIT, FEE		
		(Column 1)		(Colum	n 2)	(Column 3)	~	JUII. FEE .			WDII. FEEL	• •	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		İ
	Independent		Minus	***		=	┟	X43=			X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (	CLAIM		-			OR		<del>-</del>	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
***!	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												